

Janet Moore
Credentialing Specialist
Provider Enrollment Department



CIGNA HealthCare
Medicare Administration

P.O. Box 25226
Nashville, TN 37202-5226

October 16, 2004

Sample

DEAR _____ :

Welcome to the Medicare Part B Program. Your application has been processed and approved. Listed below is information on how we processed this application. Please verify that all information is correct.

Provider Name: **GROUP NAME**
Performing Provider Number: *****
Unique Physician Identification Number (UPIN): _____
Legal Name Associated with Number: **GROUP NAME**
Group Pricing Number: _____
Doing Business As: **N/A**
You are listed for billing as: **A Group**
The Payee address is: _____

The Practice location is: _____
The other Practice locations are: _____
Effective Date: **09/01/2004**

You are listed as a W-2 employee for this location.

You are listed as a participating provider.

You have been set up to submit claims electronically at this time.

Please notify our office immediately at 1.866.520.4007 if any of the above information is incorrect. Also, remember that all state privilege taxes must be kept current. We look forward to working with you in the future.

Sincerely,

Janet Moore

Janet Moore

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